**Volunteer Survey**

1. How did you hear about this volunteer opportunity? (Choose all that apply)

|  |  |
| --- | --- |
| 1. Website (**Specify**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | 1. Volunteered previously |
| 1. Friend or Family | 1. A flyer |
| 1. Recruited by colleague | 1. Other: \_\_\_\_\_\_\_\_\_\_\_\_ |

1. What area of the See, Test & Treat program did you work in?

***For questions 3-8 please choose the answer that best reflects your opinion of the statement.***

1. The event was well organized.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree  1 | Disagree  2 | Undecided  3 | Agree  4 | Strongly Agree  5 |

1. I received all the information I needed to adequately perform my role in a timely manner.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree  1 | Disagree  2 | Undecided  3 | Agree  4 | Strongly Agree  5 |

1. Volunteering for See, Test & Treat helped me strengthen my relationships with my colleagues and others in my community.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree  1 | Disagree  2 | Undecided  3 | Agree  4 | Strongly Agree  5 |

1. Volunteering for See, Test & Treat helped me make an impact on the community.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree  1 | Disagree  2 | Undecided  3 | Agree  4 | Strongly Agree  5 |

1. Volunteering for See, Test & Treat was good networking opportunity for me.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree  1 | Disagree  2 | Undecided  3 | Agree  4 | Strongly Agree  5 |

1. I would volunteer for See, Test & Treat again if it is held in my community.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree  1 | Disagree  2 | Undecided  3 | Agree  4 | Strongly Agree  5 |

9. Describe the highlights/strengths of the area that you worked in:

10. Describe the challenges that you experienced in your area.

1. Describe the strengths of the See, Test & Treat program:
2. Describe any opportunities for improvement at the event:
3. Describe any interactions that you had with participants or any stories that you heard that you found remarkable and illustrate the impact that See, Test & Treat is having in the community.
4. Please provide any additional comments/ feedback here:

Name (Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (Optional)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to be contacted for additional feedback \_\_\_\_ **Yes** \_\_\_**No**